Grievance/Complaint Log Form
Foothills Gateway, Inc.

Name of Consumer/Person Making the Grievance/Complaint:

Program Area:

Grievance/Complaint Received by: **Date of Complaint:**

Complainant:

Description of the Complaint:

Action Taken by Staff:

Staff Person Responsible for Follow-up:

Follow-up with Complainant Regarding Complaint:

Date of Resolution:

Reviewed by: **Date:**